2-99 NALOXONE ADMINISTRATION POLICY

Related SOP(s), Form(s), Other Resource(s), and Rescinded Special Order(s):

A. Related SOP(s)
   X-XX Policy Title None

B. Form(s)
   New Mexico Department of Health (NMDOH) PD X Form Title Naloxone Administration Form (NM Department of Health)

C. Other Resource(s)
   N.M. Stat. Ann. NMSA 1978, § New Mexico statute 224-23-1 Authority to Possess, Store, Distribute, Dispense, Prescribe and Administer Opioid Antagonists; Release From Liability; Rulemaking

D. Rescinded Special Order(s)
   SO X Subject None

2-99-1 Purpose

The purpose of this Department policy is to establish and create guidelines and procedures for the administration of nasal Naloxone to reverse the effects of opioid-induced overdose.

2-99-2 Policy

It is the policy of the Albuquerque Police Department (Department) that the sworn personnel who will be administering nasal Naloxone are properly trained in its use and deployment of Naloxone, consistent with the laws of the State of New Mexico and the procedures of the Department.

2-99-3 Definitions

A. Administration of Opioid Antagonist

   The administration of an opioid antagonist by an authorized person, authorized pursuant to law or regulation.

A. Department

1. The Albuquerque Police Department
B. **Naloxone Administration Program**

A training program that prepares Department personnel to administer an opioid antagonist as shown by best practices or recommended by the Department for an Opioid Antagonist Administration Program.

B.C. Naloxone Administration Program Director

1. Albuquerque Police The Department’s designated director who manages the Naloxone program (Opioid Antagonist Administration Program) for Trained Targeted Responders.

C.A. Physician Medical Director

The physician with board certification in emergency medicine with further fellowship training in emergency medical services who, by law, oversees the training and practice of the Trained Targeted Responders via written treatment protocols, case reviews, direct observation, and other training as applicable.

D. Administration of Opioid Antagonist

1. The administration of an opioid antagonist by a person authorized pursuant to law or regulation.

**E.D. Opioid**

1. Containing or derived from opium, including but not limited to morphine and heroin.

**E.F. Opioid Antagonist**

1. A drug that nullifies in whole or in part the administration of an opioid. The opioid antagonist is limited to Naloxone or other medications approved by the Department.

A. **Opioid Antagonist Administration Program**

0. A training program that, which prepares a person to administer an opioid antagonist as shown by best practices or recommended by the Department for an Opioid Antagonist Administration Program.
F. Physician Medical Director

A. The physician who completed a fellowship in emergency medical services and who is with board certification in emergency medicine with further fellowship training in emergency medical services who, by law, oversees the training and practice of the Trained Targeted Responders via written treatment protocols, case reviews, direct observation, and other training as applicable.

B. Trained Targeted Responder

G. Sworn personnel—An officer who has completed an authorized Opioid Antagonist Training Program and who administers opioid antagonists Naloxone.

C. Officer

A commissioned member of the Department.

2-99-4  Procedures Rules and Responsibilities

A. Sworn personnel shall only administer Naloxone when it is safe to do so by and by a Trained Targeted Responder. The primary role of the sworn personnel is to provide a safe environment for themselves, the public, and emergency medical services (EMS) personnel. The officer shall consider Naloxone administration as per the following guidelines:

1. Primarily be responsible for providing a safe environment for themselves, the public, and emergency medical services (EMS) personnel;

Consider administering Naloxone, as prescribed, if the individual has a pulse but is not breathing;

Ensure a minimum of two (2) sworn personnel are present with the individual before administering Naloxone;

2. Consider administering Naloxone, as prescribed, if the individual has a pulse but is not breathing;

3. When feasible, have a minimum of two (2) sworn personnel present with the individual to ensure the scene is safe before administering Naloxone;

—Sworn personnel should be aware that the individual may wake up and become combative soon after they administer Naloxone and be prepared to protect themselves, if necessary;

a. 
Determine the scene is safe before Only administering Naloxone when they have determined the scene is safe.

Not give Naloxone if the individual does not have a pulse;

Consider giving the Naloxone, as prescribed, if the individual has a pulse but is not breathing;

4. Use medical gloves when administering the Naloxone;

Be aware that the individual may soon wake up and become combative soon after they administer the Naloxone and be prepared to protect themselves, if necessary once the drug is given;

Be prepared to protect themselves, if necessary;

Ensure a minimum of two (2) officers sworn personnel shall be with and present with the individual before administering Naloxone;

Sworn personnel shall be a Trained Targeted Responder who shall be issued medical gloves, cardiopulmonary resuscitation (CPR) mask, and Naloxone;

2. Use medical gloves;

3. Assure the scene is safe;

Request EMS personnel to and advise that the opioid antagonist was used they administered Naloxone and the total amount of doses they administered;

5. The officer shall be who is a Trained Targeted Responder who shall be issued medical gloves, cardiopulmonary resuscitation (CPR) mask, and Naloxone;

6. The officer shall use medical gloves;

7. If the individual has no pulse, do NOT give Naloxone if the individual does not have a pulse;

If the individual has a pulse but is not breathing, consider giving the Naloxone, as prescribed, if the individual has a pulse but is not breathing;

Once the drug is given, the officer must be aware that the individual may soon wake up and be combative once the drug is given;

The officer must be prepared to protect themselves, if necessary; and

6. Once on-scene, rely on EMS personnel to evaluate the individual; and

7. After Administration, fill out the NMDOH Naloxone Administration Form and contact the Physician Medical Director at jhazen@cabq.gov.
B. Sworn personnel shall not give administer naloxone if the individual does not have a pulse.

The Physician Medical Director shall:

C. Allows for the administration of opioid antagonists, which includes overseeing training, emergency medical services (EMS) coordination, protocol approval, quality assurance and reporting, and shall:

- Provides information and ensuring the medical control of Trained Targeted Responders;
- Develop, the development, implementation, and evaluation of medical protocols;
- Oversight of quality assurance activities; and

1. Compliance with the New Mexico Board of Pharmacy requirements.

D. The Opioid Antagonist Naloxone Administration Program Director shall:

1. Maintain the Department’s NMDOH Naloxone Administration Program registration;

The Opioid Antagonist Program Director shall:

2. Be, or work Consult with, the Physician Medical Director to oversee the Opioid Antagonist Naloxone Administration Program;

3. Assist the Physician Medical Director with quality assurance review of all opioid antagonist Naloxone administration;

4. Ensure the opioid antagonist Naloxone is maintained and stored in accordance with the manufacturer’s guidelines;

5. Report all administration of an opioid antagonist Naloxone to the NMDOH and the Physician Medical Director using the NMDOH-approved reporting format; and

Selects and identifies officers sworn personnel as Trained Targeted Responders.

6. Maintains the following documentation:
a. Opioid Antagonist Naloxone Administration Training records for all the Trained Targeted Responders while they are active in the program and for at least three (3) years thereafter;

5.

b. Maintains Opioid Antagonist Naloxone Administration Program records, including opioid antagonist Naloxone inventory records, Trained Targeted Responder training records, and Opioid Antagonist Naloxone Administration Program usage records; and

7.

Ensures all Trained Targeted Responders are trained using an opioid antagonist;

9.

Provides evidence of coordination of the Opioid Antagonist Administration Program with local EMS Services personnel and Emergency Dispatch Agencies, including 911 Dispatch Agencies;

11.

Register Maintains the registration of the Opioid Antagonist Naloxone Administration Program with the New Mexico Department of Health (NMDOH);

13.

Reports all administrations of an opioid antagonist to the NMDOH and the Physician Medical Director using the NMDOH-approved reporting format;

15.

Assists the Physician Medical Director with quality assurance review of all opioid antagonist administration;

17.

Ensures the opioid antagonist is maintained and stored in accordance with the manufacturer’s guidelines;

19.

Maintains a list of Trained Targeted Responders;

21.

Maintains dates of training for Trained Targeted Responders;

23.

Maintains copies of Physician Medical Director-approved medical protocols;
Maintains copies of the Physician Medical Director contract/agreement;

Maintains copies of registration and EMS Service notification forms;

Maintains copies of the NMDOH reporting forms, and naloxone purchase and maintenance records, opioid antagonist usage reports/data collection forms; and

Maintains quality assurance review documentation; and

Maintains copies of opioid antagonist purchase and maintenance records.

E.D. The Trained Targeted Responders wish:

1. Nothing in this Standard Operating Procedure (SOP) shall be construed to impose civil or criminal liability on any Trained Targeted Responder, consistent with NMSA 1978, § 24-23-1.

2. Trained Targeted Responders will:

1.a. Shall complete an initial Opioid Antagonist Administration Training Program with cardiopulmonary resuscitation (CPR) training.

3.b. Shall, every two (2) years, complete a refresher opioid antagonist administration training course with CPR recertification instruction.

5.c. Shall comply with Physician Medical Director-approved medical protocols for response to suspected drug-induced overdose; and

6.d. Shall report all responses to suspected opioid-induced drug overdose to the Opioid Antagonist Administration Program Director and Physician Medical Director and complete a report on the approved New Mexico DOH Naloxone Administration Form.

Ensures that the opioid antagonist drugs and other supplies are used in accordance with the manufacturer’s guidelines; and

Inspect the opioid antagonist drug expiration date at least once a month.

F. After Administration
The officer sworn personnel shall fill out the NMDOH Naloxone Administration sheet form and contact the Physician Medical Director at jhazen@cabq.gov.

1. Once the Physician Medical Director has been contacted, the Physician Medical Director will collect the form, restock Naloxone, gloves, and masks (if available, as based on funding).

2. Nothing in this Standard Operating Procedure (SOP) policy shall be construed to impose civil or criminal liability on any Trained Targeted Responder, pursuant to consistent with N.M. Stat. NMSAAnn. 1978, § 24-23-1. New Mexico statute 24-23-1.